

Cooperman Barnabas Medical Center

Center for Women's Health

(973)322-5360

Class Registration Form

Please complete form and email to Teresa.Lastella@rwjbh.org

Patient Name: _____ Age: _____

Partners Name: _____

Full Address: Street _____

City/Town/Zip _____

Email: _____

Cell number: _____

OB/GYN: _____ Due Date: _____

Class Selection

☐ IN-PERSON, Full day, Childbirth Series & Newborn Care - \$150.00/per couple

☐ Virtual Childbirth Series/Newborn Care - \$150.00/per couple

Preference: ☐ Evenings ☐ Full day Saturday

☐ IN-PERSON, Breastfeeding Basics - \$40.00/per couple

☐ Virtual Cesarean Preparation/Newborn Care - \$40.00/per couple

☐ Virtual Grand-parenting Class - \$40.00/per couple

Payment

Credit Card Number: _____

Expiration date: _____ Auth Code: _____ Total: \$ _____

Spring 2025